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### About our cover . . .

Linda rushes to greet the daddy she has never before seen, an English able-seaman returned home after two years in Korean waters. Twentieth of a series of Journal covers on family life . . . United Press photo courtesy the London Daily Graphic, United Press Associations and Planet News, Ltd.

*Harriett Scantland, Editor*

*Elizabeth McQuaid, Assistant Editor*

*Eleanor Shenehon, Editorial Consultant*

### THE JOURNAL OF SOCIAL HYGIENE

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**Recreation—  
for body,  
brain and soul**



Recreation has been viewed from various perspectives throughout the history of our country. Our Puritan ancestors looked upon it as a reward for work . . . no work, no play. A little later a somewhat more liberal point of view (but one that still tied work and play together) began to prevail and was more or less summed up in the phrase "All work and no play make Jack a dull boy." This concept of recreation as a kind of antidote to work still failed to recognize recreation as a basic human need for man's fulfillment of himself.

More recently we have grown in our realization that recreation is good for man . . . good for his body, good for his brain, good for his soul. We no longer view physical recreation—active sports—as merely a reward for work nor as a way of working off energies that might be directed into unworthy channels. We see it as a means of developing coordination between mind and body, as a psychologically healthy form of competition and as a means of developing one of mankind's higher spiritual aspirations . . . cooperation.

We see other forms of recreation, especially those which summon the individual's inventive and creative powers, as a way of self-fulfillment to which every human being has a right . . . a right inherent in his *being* a human being. We view the social intercourse of home hospitality as offering the young person who is away from his own community and his normal circle of friends some of the finest human experiences of which men and women are capable.

As a totality, as a body, a brain and a soul, man has an inalienable right to the self-development and social development of sound recreation. We owe a particular recognition of this fact to young men and women in the Armed Forces and to other young people—and their families—who are today moving about the country to serve the nation's production needs. Through the UDF and its member agencies—UCDS, USO, NRA and ASHA—America can assure its military personnel and defense workers of pleasant recreation in wholesome surroundings.



by  
members of a committee  
of the  
**NY TB & Health**  
Association's  
social hygiene division . . .

**Myron Blanchard**  
National Jewish Welfare Board

**Beatrice Carreau**  
University Settlement

**John A. Ledlie**  
National Council, YMCA

**Monte Melamed**  
Grand Street Settlement

**Edward W. Pastore**  
Boys' Clubs of America

**Douglas M. Kahn**  
NY TB & Health Association

## Social hygiene in group work agencies

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From 12 to 18, boys and girls live through a period of change. During these years they face a number of adjustment problems that are in part an outgrowth of their developing glandular system. These problems also involve the working out of satisfactory relationships with their parents, brothers and sisters, and friends. In addition, they are striving for status in the community, while learning new habits and attitudes acceptable to the adult world.

The difficulties met by many youngsters in this period have led to its description as a time of great stress and strain. Although this may not be true for some, many find that growing up and becoming psychologically stable and mature is a process that involves various difficult personal and social adjustments.

Group work agencies are concerned with providing the youngsters they serve with knowledge and experiences that will facilitate these adjustments.

Methods and programs used by group workers to meet various needs of adolescents are intrinsically related to the objectives of social hygiene and mental hygiene. Group workers should give attention to such specifics as

adolescent social life, family influences, and the psychological and educational values inherent in discussions, programming and the effect of the leader's personality on members of the group.

Group workers interested in clarifying and improving the methods they use with teen-agers should find this article helpful for it is concerned with these matters. It provides a list of books and other publications for those who wish to explore the field more thoroughly. It also lists suitable visual aids.

### **Social Life of the Adolescent**

The most significant time for the development of friendships is the period of adolescence. During one's childhood, parents, brothers and sisters are dominant influences. In adulthood, one's work, life philosophy and family are major concerns. But in adolescence, friendship is relatively more important.

The teen-ager sometimes feels he is not understood by his elders. Whether or not this is true, his friends may give him the acceptance and encouragement he needs. His companions may also offer an opportunity for learning-experiences outside the home and school, in this way stimulating self-reliance and adequate social adjustment. If the adolescent lacks friends, his emotional and social growth may be hampered.

### **Boy-Girl Relationships**

Perhaps the most profound change young people experience is the sudden appearance of sexual impulses and characteristics. These markedly influence their relationships with members of the opposite sex.

At this time boys and girls begin to take more interest in each other. They start learning how to get along socially and to understand each other's expectations, customs and habits. They begin to appreciate differences determined by sex.

Friendship then becomes more complex and possibly more difficult. There are new attitudes and new meanings that require tactful clarification and interpretation. In this the informed group worker can be most helpful.

Like co-education, joint programs in group work and recreation agencies have opened up many opportunities for normal social activities for adolescents.

- They make it possible for boys and girls to learn to understand and get along with each other . . . and in this way to become more adequately prepared for adulthood.
- They offer increased opportunities for a fuller life.

Nevertheless, the relationship between the sexes and the meaning of sex in our society are subject to much confusion and misinterpretation. A sense of guilt, shame and immature attitudes—fostered by misinformation—contribute to many psychological problems. The few who are "sex deviates" or who are indifferent to the sex aspect of their lives may have experienced either distortion or neglect in the educational process relating to this phase of their development.

Because social contacts with members of the opposite sex influence one's adjustment in adolescence to some extent, some of the problems that arise in these contacts require consideration.

#### *Necking and Petting*

These much-debated patterns of behavior present no new problems . . . they have persisted for a long time.

Necking and petting are common experiences among boys and girls, and in marriage usually precede intimate relationships. But necking and petting may lead to serious problems for adolescents.

If necking and petting become the end-all of social activities, they may result in fewer opportunities for learning to adjust maturely to the opposite sex. Boys out for what they can get and girls reputed to be easy-going and permissive on dates and at parties miss out on more meaningful experiences. Their friendships are apt to suffer distortion and narrow the possibility of healthy and fruitful relationships.

Some adolescents may be confused in their standards and feelings, and experience mental conflicts. In their necking and petting they may become extremely affectionate, or angry, or feel guilty, or decide there isn't much to it. Since many married couples face emotional difficulties, it is reasonable to believe that adolescents who pet are not free from them.

If handled properly, some discussion of the confusion, ambivalence, guilt or shame, hostility or detachment that accompanies necking and petting is advisable in the group, for boys and girls who understand the relationship between their emotions (confusion, shame, guilt, etc.) and their social activities will achieve more stable and satisfying adjustments.

It is important for them to understand, for example, the question of possible pregnancy. Intensive necking and petting may easily develop into intimacies that bring on conception. For young unmarried people such a situation presents most serious consequences. It often produces a crisis for some adolescents who are somewhat unstable in the natural course of their development.

Adolescents are not practically or emotionally prepared for the responsibilities of parenthood. If they become involved in such a situation and are financially and otherwise able to meet it, there still may not be the

*Adolescent  
friendships  
lead to  
adult  
friendships.*



genuine love needed for a mature family relationship. In other instances, they may share mutuality of feeling but lack social and economic preparedness.

Such problems as premarital pregnancy and forced marriage lead to the conclusion that in our society the adolescent has to learn how to postpone expression of biological urges until marriage, when he is more readily able to accept their consequences. He needs to learn that postponement rewards him in the future for he is then able to live more fully and accept his responsibilities.

If necking or petting is apt to lead to intimate embraces, adolescents should take steps to avoid this possibility. Their elders and leaders likewise have a responsibility.

#### **Crushes**

While some adolescents need help *in making friends*, others need help *in achieving a balance in their friendships*. To avoid serious crushes, it is essential to maintain an interest in many people, instead of centering all one's attention on a single person, whether that individual is of the same or opposite sex, of the same age, younger or older.

Crushes represent a fleeting though normal and common phase of development. But if they become serious, group workers have to be careful in their approach to the subject.



*A fair father  
allows a  
fair measure  
of freedom.*

Since crushes may lead to later maladjustments, the group worker should guide the adolescent toward an appreciation of the values inherent in a wide social outlook and many friendships. He might even take the lead in introducing other young people into the adolescent's life, without giving the impression that the adolescent is being criticized or rejected, or that his crush is silly and childish.

#### **Total Personality**

Since one's total personality determines one's reactions, necking, petting and crushes, and attitudes towards the opposite sex result from more than the sex drive. For example, a girl involved in an intensive crush may find this experience the only way she can compensate for rejection by her parents, low self-esteem or other personality problems. A boy preoccupied with dating may be reacting to competition within his group.

#### **Relation of the Adolescent to His Family**

##### ***Emancipation***

A recognized characteristic of most teen-agers is their natural striving for emancipation from the control of their family. To understand the adolescent is to appreciate this process and the varied parental pressures and peer-group expectations related to it.

Among some parents it is traditional to use authoritarian methods in rearing their youngsters. They set strict rules of conduct in accord with their customs, ideals, beliefs and values. To a great extent, they make decisions for the adolescent . . . in education, choice of friends, vocation, or other aspects of his life. He may have little choice in matters directly affecting him.

But in many homes youngsters would consider it strange if they were not allowed a fair measure of freedom in deciding about matters important to them. Our democratic way of life and the number and variety of interests outside the home provide young people with the chance to learn and adjust under their own power, with but limited direction from their parents.

Whatever the attitudes of their parents (democratic, authoritarian, etc.), present-day youngsters are less dependent on them than formerly and sometimes question their ideas and attitudes. Many parents are no longer looked up to as all-knowing, all-wise and all-powerful by their adolescent sons and daughters. Boys and girls often turn to friends, teachers, organizations and clubs for *additional* help in their development.

#### ***Conflict***

Much conflict between parents and their adolescent sons and daughters stems from a clash of demands between the two groups. This is a natural development of the emancipation period. How much and what kind of freedom shall the adolescent have? That is the basic question in the conflict.

To the dismay of many parents, adolescents may want to decide how late to stay out at night, and want to choose their school, friends, vocation, etc. Their parents' reaction to their desires will influence them in the way they learn to get along in the world.

To complicate matters, adolescents are often confused by contradictions in what adults expect of them. As young children they are usually told what to do. Then suddenly as they reach the teens they may be beset with requests to act independently and self-sufficiently.

Along with this conflict, some young people find themselves in situations where parents are at odds as to what they want from their children.



*Slowly and surely,  
sustained by Dad,  
she's assured.*

One parent may expect thoroughgoing assertiveness, the other complete submissiveness.

Furthermore, when children reach adolescence they often become extremely sensitive to the pressures of their environment. Sometimes this situation may produce a great deal of tension, as when boys and girls of foreign-born parents or of minority groups become embarrassed by the behavior and ideas of their families.

On the other hand, parents may find such an attitude very hard to understand. By their standards, they have tried to train their children to be responsible individuals. Suddenly the adolescents rebel . . . and begin to criticize parents for not following their own more recently acquired standards.

Young people who are involved in these various conflicts may feel a great strain. They may be helped by parents who are flexible and understanding, who can to some extent clarify the situation, compromise or reach middle-of-the-road agreements, and who, most of all, continuously give them support and love.

In developing programs and discussions, group workers can be most helpful if they will lead boys and girls to recognize that . . .

- Parents have their rights, needs and normal worries.
- There are at least two sides to each issue.
- Family conflicts should be resolved by democratic means.

You can help adolescents who lack confidence in their parents by leading them to see that neither their elders nor other persons are perfect and that all people differ in various ways. Some of these differences (in ideas, customs, demands, etc.) between people are natural and to be expected.

Group work agencies may be of additional help by providing parent groups with educational discussions on problems in the parent-adolescent relationship.

#### *Indulgent Parents*

Some adolescents are faced with the problem of indulgent parents who want to be close and intimate companions and friends to their children and are disappointed if their efforts do not bring the desired response. They frighten their children away by their over-identification with the youngsters.

Adolescents really prefer to live their own lives, even though they may enjoy intimacy with their parents. Boys and girls want to communicate and be friendly with their elders, but do not wish them to over-emphasize their relationship. Furthermore, they want their parents to act like adults,



*His dad with his mother,  
now he with his girl—  
how far-reaching is example!*



with the reserve and dignity usually associated with well-mannered older people.

#### *Parental Attitudes*

During a boy's early years it is important that his mother accept him emotionally and be responsive to him. If she makes him feel that his affection is not acceptable to her, she may handicap his later relationships with the opposite sex. A boy also bases some of his attitudes toward girls on what he observes of his father's relationship with his mother.

How a girl will respond to members of the opposite sex will likewise be determined by the way her father treats her, and the relationship existing between her parents. The more affection, love and consideration in the family, the better the chance for a happy girlhood.

### **Understanding and Working with the Group**

Effective group leadership requires adequate appreciation of how individuals function in the group, as well as an understanding of the relationships of adolescents to their friends and families. Appreciation of the individual's relationship to the group is of specific importance if the group worker is to be helpful in influencing participation of the adolescent in group activities. He needs to know the teen-ager's personality, abilities, capacities, religion, cultural background, aims and needs.

#### *Personality*

It is clear that a group worker needs to understand basic personality processes in order to interpret interpersonal relationships correctly and to help the group become productive. To a certain extent, this understanding of personality depends on a knowledge of the factors that have shaped an individual. In addition to his family, he has felt the influence of other relatives, adults and friends, of his school—with all its efforts to educate and socialize—and of many communal institutions.

The group is composed of many different kinds of personalities. Some youngsters are shy and over-reserved, others dominating and aggressive. There are the umpire types, the humorous, the sad, the doers, the thinkers,

the talkers, the cooperators, etc., each relating to the others in his or her own unique way.

The group's atmosphere and movement will be determined by the continuous interaction of these different members. It is during this interaction that the alert group leader may help members to mature in their social relationships.

What are the mechanisms and reactions used by the members of the group toward each other, and the purpose for which they are used? Do members express considerable aggression toward one another? Is somebody always being blamed for something? Who is compensating and for what reasons? Is the group prone to making excuses? Are some members extra-shy?

What is the psychological relationship between the leader and the members of the group? Is it mutually satisfying, positive, infantile or strained?

In the answers to these questions lie clues to effective leadership. For a more elaborate treatment of interpersonal relationships, see the bibliography on group work at the back of this article.

#### ***Ability and Capacity***

The abilities and capacities of its members in part determine the nature of a group's activities and growth. The ability of an individual is the way he functions in various situations . . . social activities, sports, arts and crafts, etc. His capacity is the extent to which he is able to develop his ability.

Your understanding of the ability and capacity of members of a group can contribute to your orientation to the group. Your choice of suggestions for activities—social or folk dancing, hikes, projects, discussions—and your guidance of the group's functions should be determined by what the group can do and what its potential may be.

. It is important to remember that there are individual differences in the group. The rate of learning, ability and capacity vary with each person . . . the same standard of performance cannot be expected for all. There will be as many standards as there are youngsters in the group. Oversimplified or too-complicated tasks, and extremes in one's expectations of their achievement may leave members of the group with negative attitudes toward group relationships.

#### ***Religion and Culture***

A leader's work is made easier if he knows something about the religious and cultural backgrounds of the group's members.

Is the group heterogeneous or homogeneous? Are all its members Protestant, Jewish, Catholic or of some other faith, or is the group mixed,

with a varied distribution of the different religious faiths? Knowledge of their faiths will be of value when you are conducting a discussion on boy-girl relations, dating, engagement or marriage. With this knowledge you can help the adolescent to clarify his ideas and feelings within the tenets of his own religion.

What are the cultural backgrounds of a group . . . Italian, Polish, Irish, Jewish, second- or third-generation American, Negro, Chinese, or a mixture? Different customs, standards and points of view expressed in a group toward the opposite sex and toward each other are determined in part by the cultural experiences of its members. Your understanding of them depends upon your knowing as much as possible about the cultural influences in their lives.

#### **Aims**

Some aims of a group are obvious and easily stated. Others are unconscious. The primary purpose of members of a discussion group may seem to be an interest in the topics they discuss. But some, without realizing it, may like this group because it happens to be the only co-ed group open to them.

There are aims which may develop as a group or club goes along. One club started on the basis of a common interest in basketball. Through the years the members took on other sports and parties, participated in the community center's councils, and finally worked on community and family projects.

*The thinker too  
contributes  
to the group.*





*If the group  
is ready,  
then dancing  
by all means.*

A distinct function of the group worker is to help clarify the group's aims. The clearer they are to the members, the easier it is for the group to make plans to achieve them.

#### **Needs**

With the modern emphasis on psychological development, a pertinent question often asked is: What are the needs and desires of the interlocking and constantly changing motives and wishes of all the group's members?

#### **For Activity**

Adolescents have a marked need for active experience. It is related to their need to learn about getting along with members of the opposite sex.

The need for active experience is also indicated by new tensions that are related to changes in the physical development of adolescents.

Co-ed parties, hikes, sports and active welfare projects give adolescents a chance to mobilize their energies and reduce tensions in a constructive way. At the same time they offer new learning experiences with each other. In working together on projects, boys and girls get good experience for some of the responsibilities of family life and citizenship.

Activities and experiences that can be employed constructively in an integrated series of meetings are . . .

- The arranging of hikes, trips, co-ed camping, etc., in which the major responsibility for planning and carrying through the activities is placed on the group.
- The developing of party committees to arrange a series of home parties that will help boys and girls in their social development, especially those least active socially.
- Dancing . . . beginning with dance games, square-dancing and other group dancing, and gradually progressing to social dancing.
- Lectures, discussions, films, forums, radio talks, and television programs that develop an appreciation of the value of happy and stable friendships, courtships and family relationships.

#### *For Information*

Somewhere along the way in the group's progress, there may arise the need for facts and figures to help clarify selected notions of its members. If the group is concerned about boy-girl relationships and a number of members evidence ignorance or misconceptions about the subject, the leader may find it necessary and appropriate to call upon an expert for help. If sufficiently capable, he himself may provide some of the basic facts.

With older adolescents interested in marriage, discussions and publications on courtship, engagement, marriage and home economics may serve a useful purpose.

#### *For Discussion*

Sometimes a group may desire to discuss a subject, rather than have a formal lecture. Since questions involving necking, petting and late hours do not always have definite and fixed answers, the group needs a chance to explore these problems verbally at its own pace and in its own way.

#### *For Expression*

Members of a group don't always want answers or corrective and well-intentioned interpretations. Many times they just want to talk, voice their feelings and opinions, even contribute a little nonsense . . . because these acts, when they are accepted, build up a sense of belonging. Freedom to vent their ideas—as well as irrelevancies—help them establish their identity as accepted members of a recognized community group.

#### *For Acceptance*

A person feels accepted not only when he is given an opportunity for relatively free discussion, but when he is respected and appreciated as an individual as well.

His need for acceptance is especially important during adolescence. This is a time of transition, when a young person needs to be a member of a group in which he achieves standing, and where he feels he is accepted as worthy and valuable in himself.

But there are times when it is difficult to accept some of the group's members, especially if the values of the leader and the members cross paths. For example, if a member uses vulgar language, it may not be wise for the leader to censor such talk each time it occurs. It may be best to accept it as part of the group's standard, perhaps as a test of the leader and an attempt to discover if he is a regular guy. Perhaps not making an issue of it will contribute to a sense of acceptance in the adolescents, and make easier for both leader and members their future and more encompassing club relationships.

### The Value of Discussion

Among the many valuable opportunities for growth open to a group are educational discussions. No matter what the topic—petting or friendship or romantic love—good group discussion is one (certainly not the only one) of the most effective ways for developing clear ideas and healthy attitudes.

The following factors are significant in successful discussion experiences . . .



*A relaxed group with a leader not too silent nor too vocal.*

### *Informality*

Many leaders believe desirable discussion develops more quickly in an informal atmosphere. The experience of sitting in a semi-circle or full circle in a well-lighted and nicely furnished room and of contributing to a discussion with questions and pertinent comments is more desirable and effective than sitting in regimented rows in a room that has little warmth and listening to a didactic talk, followed by the usual 10 minutes for questions.

Informality usually insures that the group's leaders and members find it pleasant and easy to communicate with one another in a relaxed atmosphere, on subjects that satisfy the group's overall needs.

### *Leader's Role*

There are many opinions as to the role of the leader in a discussion. How much and what he should say depends on his knowledge of a specific topic, the group's information and needs, and the kind of responses the leader feels he ought to make to help the group's members develop.

Certainly, the leader should not do most of the talking, nor should he refrain from participation. There are times when he may take 30 minutes of an hour session to present some social hygiene information or other information the group lacks or wants. In other situations he may start the discussion with a few comments, and say only what is necessary to guide and stimulate discussion during the remainder of the session. He may call upon a capable member to make the summary.

Some leaders prefer to direct discussions solely along lines suggested by the group's questions and opinions, and do not stimulate the discussion with any of their own ideas. They feel it is their function to guide and clarify the group's discussion and to interpret where they can help the group develop insight into a particular situation.

### *Catharsis*

Certain psychological experiences the leader should help the group obtain are of considerable importance because they enable the members to increase their sense of well-being and understanding.

Earlier we noted that individuals derive a sense of identity and belongingness when they are permitted and encouraged to express their opinions and feelings in a group. In the center of this experience is the process of relieving oneself of hidden or repressed emotions and ideas.

Especially in a group's first few meetings this release of repressions, known psychologically as catharsis, also provides a general sense of satisfaction and comfort. It clears the way for the further growth of unity in the group, leads to attachments that give strength to the group.

There are two dangers to recognize—the creation of anxiety and the development of hostility:

- When the group's members express themselves about some possibly anxiety-provoking subject—such as boy-girl relationships, sexual development, etc.—the discussion may drive some who are not sufficiently mature to tolerate the situation out of the group.
- Some members may feel no limits on the expression of hostility. This may occur with young adolescents who start arguments and are insulting or use name-calling.

If uncontrolled, these negative emotions may prevent growth in the group. A leader needs to understand the concept of limits in order to help a group function in terms of the growth possibilities of its members.

#### *Emotional Support*

Another experience adolescents need is the feeling of being supported by their group leader and by their fellow members.

Without playing favorites, the leader should encourage and show appreciation of the members' participation, however meager and naive it might be. Inspired by the leader's strength and hearty recognition, the weaker members of the group may reach a point where they can function with self-confidence. The stronger members who identify themselves with the leader may absorb this approach, and use it to strengthen the group almost unwittingly.

#### *Reality-Testing*

When encouraged, the expression of differences in a group permits a real testing of one's ideas. This is especially true if conflicting points of view are verbalized. Ideas that are unrealistic and false stand a chance of being modified and corrected. Discussion can help adolescents to develop valid ideas of the world in which they live.

### **The Leader's Knowledge of Himself**

It is a psychological principle that his own conflicts or immaturity may prevent the leader of a group from providing opportunities for growth to the members of that group. If a group worker is embarrassed by questions about necking, petting and related conduct because of his own unresolved conflicts or anxieties, it is not easy or even possible for him to clarify the subject in a way beneficial to the group. If he transmits his anxiety or confusion to the adolescents, he perpetuates the problem for them, instead of clarifying it.

A leader will be limited to the extent that he has not resolved his own personality problems in areas connected with his work. He may obtain help from a competent supervisor if he is willing to face his difficulties. When his personal problems are very involved, he should seek professional counsel.

It is important for a leader to be clear about his own values, attitudes and feelings, and the ways in which he may express them in a group. A truly democratic process neither excludes the leader's concepts nor warrants an imposition of his ideas. When he contributes his opinions, he should not lay them down categorically. Instead, it is important for him to make it clear to the group that his reactions represent another approach to consider along with their own contributions.

The leader of a group is fundamentally a guide and inspiration to each member of that group. Democratically he helps members to develop their potentialities and to grow toward mature social and personal adjustments.

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## Reading List

### *On the Adolescent*

*Adolescence*, Part 1, 43rd Year Book of the National Society for the Study of Education. University of Chicago Press, Chicago, Ill., 1944. See especially:

- (1) *Adolescence as a Period of Transition*, by L. K. Frank.
- (2) *Physiological Changes in Adolescence*, by Nathan W. Shock.
- (3) *Adolescent and the Family*, by L. K. Frank.

*Adolescent Personality, A Study of Individual Behavior*, by Peter Blos, Appleton-Century Co., New York, 1941.

*Dating Days*, by L. A. Kirkendall and R. F. Osborne. Science Research Associates, Chicago, Ill., 1949.

*Emotion and Conduct in Adolescence*, by Caroline Zachry. Appleton-Century-Crofts, New York, 1940.

*Guiding the Adolescent*, by D. A. Thom, M.D. U. S. Children's Bureau, Washington, D. C. Rev. 1946.

*Teen Time, Guideposts to Mental Health*, No. 3. New York State Department of Mental Hygiene, Albany, N. Y., 1951.

*The Dynamics of Human Adjustment*, by Percival Symonds. Appleton-Century Co., New York, 1946.

*Understanding Sex*, by L. A. Kirkendall. Science Research Associates, Chicago, Ill., 1947.

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### **On Group Work**

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- How to Chart Your Own Career*, by Grenville Kleiser. Los Angeles, Willing Publishing Co., 1945.
- Adolescence and Youth*, by Paul H. Landis. New York, McGraw-Hill Book Co., 1945.
- Coming of Age*, by Esther Lloyd-Jones and Ruth Fedder. New York, McGraw-Hill Book Co., 1941.
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- A Boy Grows Up*, by Harry C. McKown. New York, McGraw-Hill Book Co., 1949.
- Making the Most of Your Personality*, by Winifred V. Richmond. New York, Farrar & Rinehart, 1942.
- A Doctor Talks to Teen-Agers*, by William S. Sadler. St. Louis, C. V. Mosby Co., 1948.

## **Visual Aids**

### ***Are You Popular?***

A portrayal of a teen-age boy and girl who are friendly, considerate and interested in others, and therefore popular. 16 mm, 10 minutes, sound, color, 1948. Coronet Films, Chicago, Ill.

### ***Choosing for Happiness.***

A dramatization of the problems of selecting a mate. 16 mm, sound, 1949. McGraw-Hill Book Co., New York, N. Y.

### ***How Do You Know It's Love?***

Portrays the nature, development and maturity of love. Contrasts experience of younger and older couples. Dr. Reuben Hill is the educational consultant. Audience: young people and adults. 16 mm, 13 minutes, sound, black and white, and color. A Coronet Instructional Film. Coronet Films, Chicago, Ill.

### ***How to Say No.***

Deals with such teen-age behavior problems as smoking, drinking and lovemaking. Discusses ways of saying no in such situations, and still maintaining status and keeping friends. Evelyn Duvall, Ph.D., is the educational consultant. 16 mm, 10 minutes, sound, black and white. A Coronet Instructional Film. Coronet Films, Chicago, Ill.

### ***It Takes All Kinds.***

A portrayal of specific personality patterns and the importance of understanding and evaluating them in the behavior of a prospective marriage partner. 16 mm, sound, 1949. McGraw-Hill Book Co., New York, N. Y.

### ***Marriage for Moderns.***

Ideals and goals of adult love and their relationship to a satisfactory and happy marital relationship. 16 mm, sound, 1949. McGraw-Hill Book Co., New York, N. Y.

### ***Marriage Is a Partnership.***

Struggle of a newly-married couple to complete the weaning-from-parents process and attain closer marital relationships. Dr. Lemo D. Rockwood is the educational consultant. Audience: young people and adults. 16 mm, 16 minutes, sound, black and white. A Coronet Instructional Film. Coronet Films, Chicago, Ill.

### ***Shy Guy.***

A shy adolescent boy in a strange town is started on the road to friendly relationships with other high school youth by practicing some of the principles he observes among other well-adjusted youth. Some oversimplification, but a good device to stimulate discussion. 16 mm, 12 minutes, sound, color, 1948. Coronet Films, Chicago, Ill.

*The Meaning of Engagement.*

Explains the meaning and function of the engagement period in preparing for a successful marriage. Dr. Reuben Hill is the educational consultant. For late teen-agers and adults. 16 mm, 12 minutes, sound, black and white. A Coronet Instructional Film. Coronet Films, Chicago, Ill.

*The Other Fellow's Feelings.*

Typical problems of young adolescents, teasing and ridicule. Avoids categoric solutions. Stimulates discussion and judgment. Audience: young adolescents and teachers. 16 mm, 8 minutes, sound, black and white. Part of a series on Discussion Problems in Group Living by Young America Films, New York, N. Y.

*This Charming Couple.*

A study of the false ideas and goals engendered by romantic love. 16 mm, sound, 1949. McGraw-Hill Book Co., New York, N. Y.

*Understanding Your Emotions.*

A general understanding of emotions, what they are, what they do, where they come from, and how they are changed. Dr. A. R. Lauer is the educational consultant. Audience: young people and adults. 16 mm, 13½ minutes, sound, black and white, and color. A Coronet Instructional Film. Coronet Films, Chicago, Ill.

*Who's Boss?*

The problems which a couple experience in adjusting to married life. 16 mm, sound, 1949. McGraw-Hill Book Co., New York, N. Y.

*You and Your Family.*

The film features three situations: (a) the family refuses Mary permission for a date, (b) family members shirk their household chores, and (c) Bill and his father disagree upon a time for coming home. These scenes are dramatized and summarized, and the audience is then invited to discuss how each situation could be met satisfactorily. 16 mm, 8 minutes, sound, 1946. Association Films, New York, N. Y.

*You and Your Friends.*

A teen-age party is shown. The audience is asked to evaluate different types of behavior portrayed by those at the party. Self-centeredness, lying, behind-the-back criticism, and breaking a promise are contrasted with better qualities of behavior. To be used in stimulating discussion. 16 mm, 7 minutes, sound, 1941. Association Films, New York, N. Y.



*M.A. in guidance, Northwestern University.  
Former teacher, counselor and psychiatric  
social worker. Now editor of guidance  
publications for Science Research Associates.*

*Nancy C. Wimmer*

## **Trends in family life education in schools**

*by Nancy C. Wimmer*

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Grandmother and Grandfather would be shocked were they to walk in on some of our high schools today and find groups of boys and girls conducting panels on such topics as "Should high school students go steady?" "What causes problems in marriage?" "How should we tell our children about sex?" They would undoubtedly be fearful that the good old *fundamentals* of education had been replaced by *fun*.

They might join in the barrage of criticism schools have faced in recent years. Probably the major criticism is that they've been neglecting the 3 R's for frills. (In Los Angeles, a parent writing to the school board to protest the poor education his children were getting, misspelled nine words in one short letter!)

Actually, though evidence is somewhat fragmentary, it appears that children today are as well grounded in readin', ritin', 'n' 'rithmetic as children at any time in our history. And what the critics overlook is the fact that many, many more students are going to school than have ever gone before—not just the "cream of the crop." In the last 50 years our secondary school population has grown 20-fold, while our population has only doubled. That means that vast numbers of young people of all kinds of abilities and learning aptitudes are in school.

And schools have been facing this challenge under major handicaps. At the same time that our school enrollments have increased, public expenditure per pupil for education has decreased in relation to national income. In 1930 it was 3.3% of the national income . . . in 1950 it was down to 1.8%.



*It's costing less  
to send a pupil  
to school today.*

#### *Despite obstacles*

Though classrooms are crowded, salaries often low, added duties numerous, support inadequate, schools have been doing a rather astounding job of introducing family living education. And though Grandmother might be shocked by a visit to the panel discussion on dating and marriage, she would, I am sure, agree that schools could take on no more important job than helping young people *build happy families*. There is probably no job in which all of us have such a stake as helping young people with this task.

#### *The need and the demand for education for family living*

One and a half to two million children under 18 live in homes broken by divorce. Almost 400,000 divorces and annulments are granted every year. If the trend continues, somewhat less than one out of every three marriages started in the last decade will end in divorce.

This picture is not a very pretty one. Nor is the picture of the many young people that are growing up with serious problems of maladjustment.

- Juveniles account for 60% of all the crimes committed in the United States. They commit 1½ million major crimes a year.
- Estimates indicate that over 100,000 high school students will become alcoholics.
- Mental health statistics indicate one child in eight is so emotionally maladjusted as to need professional help.

#### *To improve mental health*

We do not have any evidence that family living education is—or can be—a panacea for all these ills. But we do know that emotional immaturity is the major cause of most divorces and that it is the chief cause of tension and instability in the home and a major contributor to delinquency.

We know too that neuroses beget neuroses. The child from the unstable, unhealthful environment builds his own home on an equally shaky foundation unless he is given help in learning to build a more solid one. Family living education, with its emphasis on mental health, is a major step in providing the help young people need if they are to build happy, healthy homes.

#### *Pressure from below*

High school students, especially, want help. A recent poll of 3,000 youngsters conducted by the Purdue Youth Opinion Panel disclosed that 51% of these students wanted their schools to offer more courses on family life education. Sixty percent of the seniors said they weren't getting enough help with their problems of family life.

Many of us forget that most boys and girls do not go to college. (Only 10% of our young people today graduate from college.) So most children, if they have not been given family living education in elementary or high school, are unlikely to get it.

Aware of both the need and the demand for helping young people, schools throughout the country are starting programs where there are none and improving those that have already been launched.

### *What schools are doing*

#### *How they're getting programs started*

Getting the family living education program started—whether in the school or community—is about as tough as any part of the job. But there is indication that community acceptance of and demand for it is increasing.

Those who have learned the hard way say there are several rules to follow:

*Leave sex out of it!* The community is still reluctant to support sex education—at least when it's blatantly labeled sex education. And educators in this field agree, too, that sex education is but a part of family living education.

#### *Community support*

*Let the whole community in on it!* Time and time again it has been demonstrated that where the entire community has been brought in on the program from the very beginning success is more likely to be assured. There are in every community those who resist innovations . . . both within the school and outside of it. If community support is obtained first, teachers especially feel more secure about their role in the program.

Such a step often results, too, in the planning of a community-wide program.

For instance, in one school in California the students petitioned for the course. Their petition was referred to the PTA, which voted for the course and presented a series of programs on the idea to the community. Unanimously, the board of education voted to support the program. Then representatives of the churches, social agencies and business were called together to help launch family living in this community. Out of a high school students' petition a whole community program got started.

In Asheville, a city-wide Family Council helps plan and carry out the school program, coordinates it with study courses for adults in the PTA, churches and clubs, and cooperates in an annual family life institute for studying family life problems. In short, it is a program with something for the entire family—parents and children. And that is actually the ideal type of program. Members of this community are indeed working out their problems together.

Social agencies have a major contribution to make to the school where family living education may be very new. They have experience and a knowledge of family problems that it is impossible for most school people to have.

#### *Teacher-parent-pupil*

The best family living courses are teacher-parent-pupil planned. Parents who know what family living is all about—what its goals are—are its ardent supporters. Schools have proved this. Parents are leery of programs they know nothing about.



*Juveniles commit  
more than a million  
major crimes a year.*

One Chicago mother who found out her child was taking a family living course—the class was spending some time on a unit on personal appearance, personal daintiness and hygiene—stormed into the school and said to the principal, "My daughter comes to school to be learned—not smelled." Had that mother been informed of the goals of the course, that wouldn't have happened. So rule no. 3 is: *Broadcast it!*

#### *Broadcasting the program*

Lester Kirkendall, of Oregon State College, an authority in this field, has demonstrated the need for working closely with local newspapers. When schools have the newspapers' support, a great deal of the job of selling the community is accomplished. On the other hand, in one middlewest community the newspaper report of the school's sex education program—in reality a family living course not at all concerned primarily with sex education—brought the community rafters down.

But your local paper can be your best promotion device if you ask for its support.

#### *What schools are teaching*

In spite of an already overcrowded curriculum—each year some new subject seems to deserve a spot in the school program—schools have found some ingenious ways of introducing family life education. They have added units to regular courses, have added separate courses, have developed integrated programs with all teachers participating.

Of major importance is the job they are doing in offering parents a part in family living education. In Highland Park, Mich., for instance,



*Neurotic parents—  
neurotic children.*

parents literally enter school when their children start. And parents of various age groups can take child-study courses.

#### *Who teaches?*

Because family living education is comparatively new, we do not really have teachers who are trained in this field. So schools are finding that they must plan their program around those faculty members who by training and—more important—by virtue of their personalities and maturity—seem best suited to carry on the program. Teachers with the right personal qualifications have wonderful opportunities to obtain the necessary training in some of the workshops conducted throughout the country. In two well-known school systems—Hinsdale, Ill., and Highland Park—science teachers with skill in working closely with youngsters and with a genuine interest in the field developed outstanding programs.

But whether the program is integrated into many courses, whether it is a unit added to such already established courses as social studies, home economics or biology, the goal is the same and it determines the content. The goal is to help young people become more adequate, mature, stable individuals who are capable of making harmonious and happy marriages.

#### *Pupils' worries*

For that reason, topics like self-understanding, emotional maturity and principles of mental health are stressed. Devices such as the Science Research Associates' *Youth Inventory*—which reveals the problems children feel are bothering them most—help schools plan course content.



*Seniors wanted  
help with  
family problems.*

From such checklists they learn the kinds of problems the children in *their* school worry about. They learn that high school students worry about problems of getting along with their own families, being popular, dating. They worry about how to select a mate, how to run a home, how to raise a family.

What we do in family living education varies from age group to age group. Elementary school children are concerned about getting along with their parents and their brothers and sisters. They are worried about having friends, about losing their tempers.

High school students become each year more concerned about dating and marriage. For that reason, family living courses that include units on preparation for marriage and parenthood are usually not held until the junior or senior year. The early high school courses emphasize personal guidance and social and personal adjustment.

#### *In California and Illinois*

For example, a school system in California offers a 9th-grade family living unit that covers emotional maturity, family relationships, health, boy-girl relations. And then 10th-grade biology has a unit on growing up physically.

In the 12th grade a required class called human relationships is offered to boys and girls separately. In this course students discuss the physical, psychological and cultural factors affecting the two sexes. They discuss the problems of boy-girl relations, courtship and marriage, parenthood and the more mundane problems—but real ones—of finances and home management.

The programs are as varied as our American school systems. In some towns in Illinois, family living education for 7th graders includes units on being friends, sharing home duties, caring for children. There is no single pattern. Each school works out the program that best suits the needs of its group.

#### *Techniques*

How do teachers of family living courses run their classes? Certainly it isn't like teaching algebra or American history. There are no final facts to memorize. The discussion method—seldom the lecture method—is used most frequently. If you stopped in a typical class you might see them dealing with a parent-child problem by role-playing. Johnny, playing the role of father, gets new insight into the problems his father faces.

Question boxes in which students drop questions anonymously are popular.

### *The football player in the nursery*

In many schools, children learn about child behavior by spending time in the school nursery. I saw a delightful school scene at the Highland Park nursery school—part of the public school system—where students in the family living course all have a chance to work with nursery school students. I was watching a massive Highland Park football player take a group of pre-schoolers outside for play. After he had their play underway he moved over to the fence where two of his team pals were looking in from the outside. I thought their conversation would run to next Saturday's game, but instead I heard the "temporary" nursery teacher say to his friends, "Gee, there's one little kid I'm having a lot of trouble with. He just doesn't get along with anyone. Wonder what his home environment's like?"

Other schools, where class activities must be kept within the class, call in outside experts . . . social workers, child psychologists, physicians, psychiatrists, clergymen, parents.

### *Students publicize a course*

In Hinsdale, students have formed a panel in their classes to go out to community organizations—the PTA, Kiwanis and Rotary—and tell them about the course. They discuss with the organizations the problems that they feel they, as teen-agers, have in dealing with adults . . . the problems they want help with.

Films are frequently used. There are some very fine ones available.



*How to be popular?  
Many don't know.*

*At this age  
they worry about  
getting along with  
their family  
and friends.*



Parents are invited to classes frequently—and not just mothers. Real efforts are made to get fathers to participate in the courses.

#### **Counseling**

In many schools, counseling services are also available. Schools realize that the group cannot by any means handle all its problems. As a matter of fact, it takes a very skillful teacher to recognize when children are getting beyond their depth and into areas too difficult to cope with. When children are deeply disturbed by certain problems, they should see a competent counselor.

Skits, dramatizations, buzz sessions . . . these too are used frequently in the family living class. Many schools have bookshelves for parents as well as for students. These contain books and pamphlets dealing with the whole area of family living.

#### **Booklets have special merits**

For some time now we at Science Research Associates have been working with leaders in the field of mental health to develop booklets that would fit easily into the family living program in schools and in the community. The flexibility of booklets makes it possible for a teacher to tailor-make her course.

They are particularly valuable in short courses where a textbook really covers too much territory. Mrs. Marjorie Cosgrove, head of family living education for the Highland Park schools, and Mary Josey, head of family living education in the Berkley, Mich., schools, have worked with Science Research Associates to develop a combination work-textbook that provides not only the content for a course but also activities, quizzes, thought-provoking questions and suggested readings.

### *The problems ahead*

- *Community acceptance.* Although a recent study of trends in family living education indicated that community acceptance is increasing, we still have a long way to go. One of the major problems schools face is developing skills in selling communities on the need for such programs. By combining their forces with those of other community agencies and by working closely with such groups they can accomplish a great deal.
- *Lack of trained personnel.* It will be some time before there will be trained personnel for family living education. In the meantime, both the school and community have ample resources—good teachers, good specialists in the community. Where schools have selected teachers who, though lacking in specific training in the field, are mature, responsible and interested in helping young people with their problems of family living, the programs have succeeded.
- *Lack of research and experience.* Family living courses are still too new for us to really know whether we have found the best patterns for what we're trying to do. We will need to keep an experimental attitude toward our problems. What techniques are best? Where do we start—first grade, junior high, high school? What do we cover? In the near future we must be able to find the answer to questions like "Are we meeting the needs of our pupils?"
- *Establishing a continuous program.* When a group of 68 specialists in family living education, representing 19 states, were asked about family life education in elementary schools, three-fourths of them said that in the schools with which they worked such programs were getting underway. The goal, of course, is to provide meaningful programs throughout the child's school experience . . . and also to provide parents and adults with the help they need. In short, our goal is a school and community program.

We have a long way to go yet . . . but the signs are encouraging. Some ingenious programs have appeared, and despite handicaps many communities are providing their children and adults with major help in building happy families.

*Graduate of Jefferson Medical College of Philadelphia. Associate in ophthalmology, University of Pennsylvania graduate school. Special consultant, USPHS, VD Division. Member of American Academy of Ophthalmology and Oto-Laryngology.*

*George P. Meyer, M.D.*



## Syphilis of the eye

*by George P. Meyer, M.D.*

The seriousness of syphilis lies in the widespread harm that follows the appearance of the initial sore, the chancre. The devastating effects of the infection may manifest themselves not only in the eyes but in the skin, bones, circulatory system, brain and spinal cord . . . in fact, in any part of the body.

In many instances the condition complained of is obviously syphilitic. But there are so many other obscure complaints whose causes must be diligently investigated because they may stem from syphilis that this disease is aptly called "The Great Masquerader." Its manifestations are Protean.

### *Frequency and importance*

Disease of the eye is but one of many evils that follow the development of syphilis. Ophthalmologists have long appreciated the importance of this etiologic factor in widespread ocular disability and blindness. A few figures concerning blindness might serve to illustrate this point.

Because statistics have no value unless there is some uniformity in nomenclature, it is important to define blindness. There are several definitions. Blindness may be:

- Total loss of light perception in one eye only.
- Total loss of light perception in both eyes.
- Loss of visual acuity to below 20/200 in the better eye. This is called industrial blindness and is the criterion of blindness being more widely adopted. It is of this type we speak.

It has been estimated that there are 250,000 industrially blind in this country. Of these 10% to 15%—25,000 to 35,000—are blind because of syphilis.



*Prenatal  
care  
prevents  
congenital  
syphilis.*

There are, of course, a much greater number of individuals with partial blindness resulting from syphilis who do not lend themselves to statistical analysis, but who nevertheless suffer from a disability which is largely preventable.

#### *Clinical considerations*

Syphilis may be transmitted in several ways. While sexual intercourse is the most common method for spreading the disease, infections do occur very infrequently through handling of infected towels, surgical instruments or kissing. Babies are infected by syphilitic mothers.

The manner of transmission of the causative organism, the spirochete, may be unusual and bizarre. There are cases on record where a person's eye was infected by a well-intentioned but syphilitic individual who sought to remove with his tongue a foreign body from the eye of his unsuspecting victim.

Syphilis may be congenital or acquired.

Congenital syphilis is transmitted to a baby born of an untreated syphilitic mother.

Acquired syphilis is first manifested by the presence of a firm or indurated painless round ulcer, the so-called primary lesion or chancre. This is followed in most untreated cases by secondary eruptions and inflammations, and late or tertiary manifestations in the bone, circulatory, nervous or other systems.

#### *Clinical manifestations*

The eye may become involved in either congenital or acquired syphilis. There is no structure of the eye or its adnexa which may not be affected by syphilis. Among the more common manifestations . . .

*How people become blind . . . infectious diseases cause 14% of the blindness in children. Syphilis is the most serious of these diseases. An estimated 100,000 babies face blindness because of syphilis.*

*How people become blind . . . infectious diseases cause 23% of the blindness in adults. Syphilis is the most frequent of these diseases. But the new "miracle drugs" now make it possible to cure cases in a short time. If treatment is adequate and started early, blindness may be averted.*

- 
- Acute or chronic dacryocystitis is an inflammatory affection of the tear drainage system.
  - The lids or conjunctiva may be the site of the primary lesion, the chancre.
  - The cornea may be inflamed by a congenitally acquired syphilitic infection, which causes interstitial keratitis.
  - The iris and ciliary body may be acutely diseased, typically in the secondary stage of an acquired syphilitic infection.
  - The retina and choroid among the deeper structures of the eye may be diseased in both the congenital and acquired forms of syphilis.
  - The optic nerve in both congenital and acquired syphilis may become so involved that serious impairment of vision or even blindness may result.

All these and other conditions may cause some loss of vision, but the conditions which are the most frequent cause of syphilitic blindness are interstitial keratitis and optic atrophy.

Interstitial keratitis is an inflammation of the cornea, the clear portion of the anterior coat of the eye through which light passes to the retina. It results from congenital syphilis and occurs chiefly in early life but may first appear in middle age. This inflammation is often followed by scarring, which interferes with the transparency of the cornea. The extent of the loss of transparency determines the amount of visual damage.

Optic atrophy following involvement of the optic nerve may occur either in congenital or acquired syphilis and is the most frequent cause of syphilitic blindness.

#### *Treatment*

The best treatment for syphilis of the eye is prevention.



**ASHA helps  
to fight  
syphilitic  
blindness.**

Much progress has been made in the prevention of congenital syphilis by adequate prenatal care of expectant mothers in detecting and eradicating hidden or obvious infection, and in the more general use of premarital Wassermann tests. A great amount of good, too, has been accomplished in the prevention of acquired syphilis by intelligent prophylactic measures and the laudable work of the medical profession in cooperation with agencies like the American Social Hygiene Association, the United States Public Health Service, the Society for the Prevention of Blindness, and many others.

Once syphilis has been acquired, the chief hope for the avoidance of disastrous eye complications lies in the early detection and treatment of the infection in its early stages before visual damage can occur. Early treatment is relatively easy and usually completely successful, thanks to the gratifying effectiveness of the newer medicines such as penicillin. If syphilis has affected the central nervous system or the eye directly, vigorous medical measures—such as the use of penicillin and fever-inducing agents such as malaria, typhoid or other inoculations—can do much to prevent loss of vision.

If blindness has ensued, treatment is of little avail in restoring sight.

It can be seen, therefore, that the earlier treatment is instituted the better the outlook. To this end there must be continued effort to educate the public to the dangers of syphilis, and there must be continued cooperation between the medical profession and its allied groups to detect and treat this condition early.

#### *Optic atrophy of congenital neurosyphilis*

R. D. (3081), a white man of 26, first complained of impaired vision two years prior to the time he came to the clinic. At the onset of impaired vision he obtained glasses from an optometrist. For about a year he thought they improved his vision. He then visited a physician who gave him injections in the arm and buttocks for about a year.

Corrected vision in the right eye was 10/200, in the left eye 20/200. Both optic nerves showed evidence of irreversible atrophy with marked

loss of the normal wide field of vision. A physical examination revealed the presence of congenital syphilis with involvement of the nervous system. Serologic and spinal fluid tests for syphilis were positive. Treatment did not restore any vision.

Comment: Treatment might have been of some value if the case had been treated medically earlier. Thirty-one percent of our patients with optic atrophy consulted an optometrist first. In many cases this may be the cause of unwarranted delay in adequate therapy.

Sixty-one percent of the cases when first seen by us are industrially blind. This is true of the case just cited and emphasizes the need for early diagnosis.

#### *Rapidly progressive optic atrophy*

In the case of M. L. (2999), a white woman of 49, vision became blurred four months prior to the time she came to the hospital for glasses. The patient, who worked as a dress operator, was separated from her husband. She had no knowledge of being infected with syphilis . . . she had never had any tests or treatment for syphilis. She had no other complaints except occasional shooting pains in the legs of about two years' duration (a symptom of locomotor ataxia or tabes, a syphilitic disease of the central nervous system).

Corrected visual acuity in her right eye was 20/50, in the left 20/50. Her optic nerves seemed already pale in spite of the short history of her symptoms. Her field of vision was markedly reduced.

Studies proved the presence of neurosyphilis of the tabetic type with optic atrophy. Despite vigorous treatment and the full cooperation of the patient she was blind within two years.

Comment: There are cases in which the syphilitic damage inexorably progresses to total blindness in spite of all we can do.

#### *Slowly progressive optic atrophy*

S. S. (3546), a white man of 56, a pushcart vendor, had had impaired vision for 10 years. Thirty years before he had a chancre for which he had no treatment. Five years before we saw him he was treated inadequately at another hospital for syphilitic optic atrophy. His vision at that time was 20/200 in each eye. No further treatment had been given. When we saw him the vision in the right eye was 10/200 and in the left 7/200. There was marked contraction of the visual field. Studies proved the presence of syphilis, tabes and optic atrophy.

Comment: There are instances where the progress in the disease is exceedingly slow. We can conclude that adequate therapy fails to help



*The best treatment  
is . . . prevention.*

some cases, and that inadequate therapy does not accelerate a very leisurely progress in the course of the disease in other cases.

#### *Pre-atrophic stage of optic nerve involvement*

G. F., a white woman of 51, was first seen in May of 1946. Because of a positive Wassermann reaction she had received injections in the arms and buttocks at irregular intervals for "many years." She desired a change in her glasses. Other than the visual impairment and occasional lancinating leg pains of several years' duration, she had no complaint.

Examination revealed positive serologic tests for syphilis and neurologic evidence of tabes. Her vision was normal. The perimetric study of her fields of vision showed a definite cut indicating some functional loss in the optic nerve.

Vigorous treatment with penicillin was given and the visual fields returned to normal.

**Comment:** This case illustrates the happy result obtainable when the diagnosis of optic nerve damage is made in its earliest stage. It is in this stage only that the process is revocable. Should the pathologic process proceed to the stage of optic atrophy—the death of some or all of the fibres in the optic nerve—the condition is irrevocable and the most that we can hope for is to prevent further progress in the destruction of the nerve.

#### *The outlook*

For a long time it was assumed that optic nerve damage as a result of syphilis was inevitably followed, sooner or later, by blindness. Our observation and study of many hundreds of these cases at the Wills Hospital in Philadelphia has convinced us that this gloomy outlook is wholly unwarranted. Vigorous and adequate treatment gives happy results . . . moderately advanced cases are arrested and early cases may

even have a restoration of normal function. True, a few cases are uncontrollable, but they are now fortunately the exception.

Other syphilitic eye disorders are amenable to treatment. Since in the main they are less dangerous than optic atrophy, the outlook for them is more cheerful . . . especially with the development and use of antibiotics.

However, syphilis of the eye is preventable and should never occur if diagnosis and treatment are carried out in the early stages of the disease before eye complications develop.

As a matter of fact, syphilis itself is preventable, and the decreasing incidence of syphilis—both congenital and acquired—is the happy result of the untiring efforts of the medical profession in cooperation with its friendly allies, the Public Health Service, the Society for the Prevention of Blindness, the American Social Hygiene Association and many others, through their educational programs and treatment facilities. May their work with an enlightened public rid us soon of this dread disease and save the sight of countless thousands.

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#### CREDITS

Photo courtesy U.S. Army, p. 49.

Photo courtesy National Girl Scout News Bureau, from the film, *The Growing Years*, p. 53.

Photo courtesy National Recreation Association (C. S. Barrett), p. 60.

Photo courtesy National Recreation Association (Paul Parker), p. 62.

Photo courtesy McGraw-Hill Text-Films, p. 77.

Data on blindness courtesy National Society for the Prevention of Blindness, p. 81.

Photos and text courtesy of WHO Newsletter, June, 1952, pp. 86-91.



## The Happy Ending

Her story began when health workers in an Egyptian village visited her during her pregnancy and persuaded her to have a medical examination.

At the clinic she learned that the infection of syphilis was in her blood and she was told how dangerous this was for her unborn baby.

But she was told, too, that her case had been discovered in time and that modern medicine could almost certainly prevent her child from being born with the disease. She agreed to take the penicillin treatment.

Here you see the result—a healthy child, in the arms of a proud mother. The photograph was taken at the clinic, which she still attends for a regular check-up.

## Shielding the Unborn from Sickness

Today it is possible to safeguard the newborn against congenital syphilis with almost 100% certainty, provided the expectant mother is given penicillin treatment during pregnancy. The problem is how to find the expectant mothers suffering from syphilis and treat them in time.

In Egypt this question is being tackled in a joint effort by the Egyptian government and the World Health Organization. WHO provided a team of international experts, including a venereologist, a serologist, a public health educator and a public health nurse.



A campaign against congenital syphilis is launched in the province of Gabiah, Egypt. Robert Bogue, WHO public health educator, holds a conference of social workers. Facing Mr. Bogue, Aziz Habashy explains case-finding technique in Arabic.



One of the villages included in the campaign is Birma.

The Egyptian Ministry of Health established this international team in a clinic at Tanta, the most populous city in the fertile Delta region between Cairo and Alexandria. They attached Egyptian experts to the team to match the WHO experts, as well as a number of laboratory workers and nurses for training.



**But first, support of village headmen must be obtained—the political leader in turbush and the religious leaders in white headdress. With their approval plans then go to the village health committee, which begins a case-finding campaign.**

Throughout this Delta region, of which Tanta is the natural center, the Ministry of Social Affairs has established social centers in the numerous and crowded villages, some of which have as many as 10,000 people. It is through these social centers that the first—and important—step is taken to use the safeguards of modern science to protect the unborn generation.

A survey in Tanta itself showed that about 10% of pregnant women are syphilitic. In the villages the percentage is probably higher. By comparison, in Sweden the incidence is less than one percent.



The hakimah (public health nurse and midwife) attached to Birma's social center, finds a suspect. In the courtyard of a mud-walled house she persuades a young married woman to go to the Tanta clinic to be examined.



Many others are there, but at last the woman reaches the head of the queue. She is a little timid, but she knows that the examination is not only in her own interest but in that of the baby she is expecting.

After an interview with the doctors she must have a blood test. The sample is taken by Egyptian nurses, Shafica H. Fahmy and Naffusa A. K. Labib, and is then sent to the laboratory.



While she waits, her blood sample will be examined by a WHO serologist, Dr. H. G. S. Ruge, of Kiel. On his left is his Egyptian teammate, Dr. Ahmed Montassar. On his right is an Egyptian laboratory assistant who is being trained in modern blood-test techniques.





**She goes back to the doctors.**  
She has the infection, but they tell her that if she will accept penicillin treatment her baby will almost certainly be born healthy.



**She agrees and comes regularly for examination. The result? Her baby was born free of syphilis.**



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*by Carl C. Bare, Deputy Inspector*

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*Cleveland Police Department*

## A clean slate for Cleveland

### Where big-city prostitution is held to a minimum

Cleveland enjoys the reputation of being one of the cleanest cities in the United States. The Kefauver committee's investigations and the American Social Hygiene Association's surveys attest to that.

In 1952 one of ASHA's investigators reported that in Cleveland he found only seven brothels operating in a very limited way. In only a few bars could he find a prostitute and in just one hotel would bellboys call a girl to his room. Not one taxi driver could take him to a place of prostitution.

#### *Once upon a time*

Not always has Cleveland enjoyed an enviable reputation. Some years ago prostitutes were easily available in Cleveland. An influential press and an aroused public demanded a change. When the citizens indicated that they wanted and were willing to support strict enforcement, that's what they got.

For several years a vice bureau spread its net over the whole city, which is divided into six districts each under the command of a deputy inspector.

*To keep prostitution permanently at a minimum — that is the crux of the enforcement problem. Spurts of frenzied police activity followed by periods of complacency serve only to impress upon racketeers the need for intensified corruption of officials. In Cleveland, informed citizens, sincere public officials and honest police through unremitting effort show racketeers that prostitution is not profitable.*

In recent years a civilian-dress detail in each district has been able to handle the problem of detecting and apprehending violators of vice, gambling and related regulations, and the vice bureau has been discontinued. How successful they have been is evident from Cleveland's present record.

#### *A record well earned*

It is a remarkable record for a city of over a million and a half people . . . a record that could not be achieved without the support of three groups:

- The people. They wanted their prostitution laws enforced and were willing to support enforcement. The most efficient police department can't enforce laws if the people are antagonistic to enforcement.
- The elected public officials. They took their official duties seriously and did not interfere with the enforcement activities of the police department. Furthermore, they were willing to support the police against criticism from the racketeers or those who unwittingly supported the racketeers.
- The police department. Honest, efficient men, they wanted to be proud of their town.

#### *The job is never done*

Clean though Cleveland now may be, only continued intensive enforcement will keep it so. In 1951, 645 women and 196 men were arrested in connection with prostitution. Of these, 199 women and 42 men were sentenced severely enough by cooperative judges to discourage further violations. The others were released on waivers for lack of sufficient evidence . . . after they had been given VD tests.

If Cleveland's people, her press and her elected officials continue to cooperate, the police department will see to it that the city is known as an unprofitable place for prostitutes and their exploiters.

## BOOK NOTES

by Elizabeth B. McQuaid

*Sex-Character Education*, by John A. O'Brien. New York, Macmillan, 1952. 220p. \$2.75.

This is a useful book for parents and those who work with parents in church, school or community programs. At points, however, it seems unjustly critical of both parents and schools. The point of view throughout is reverent, practical and constructive in dealing with the subject and method of teaching sex to children and young people in the home.

A valuable part of *Sex-Character Education* is the resource material for parents including reprints and excerpts from earlier pamphlets and articles by Esther Emerson Sweeney, Paul Popenoe, Daniel A. Lord, S.J., Edward B. Lyman and others.

John A. O'Brien, professor of philosophy of religion at the University of Notre Dame and widely known author of a dozen other books, has written the first six and last chapters of *Sex-Character Education*. They are strongly motivational and a wholesome antidote to the purely physical interpretations of sexual life. Some readers, however, may think them slightly sentimental.

Rev. Richard E. Lentz  
National Council of the Churches of Christ  
in the United States of America

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*Toward Manhood*, by Herman N. Bundesen, M.D. Philadelphia, Lippincott, 1951. 175p. \$2.95.

*Toward Manhood*, for teen-age boys, discusses the reproductive anatomy of both sexes, treats briefly such common concerns as nocturnal emissions and erotic interests and desires, and in more detail discusses premarital sex standards, venereal diseases, prostitution, sexual aberrations and marriage readiness. The book has no index.

Dr. Bundesen incorporates views gained from medical practice and service as a public health officer. His attitude is sympathetic and liberal. For example, he gives strong support to the idea of earlier marriages for mature couples.

In its treatment of sex, however, the book is traditional and somber. The detailed discussions of aberrations and possible "perils" of misconduct overshadow a too-vague and over-generalized positive treatment. Sex is made unreservedly too much a burdensome, oppressive thing. Sex, the boy is told, is a "terrific drive" (p. 57), and he may sometimes feel "obsessed by lewd devils which he cannot fight off no matter how hard he tries" (p. 69).

The adolescent boy "is entitled to know all we can tell him" (p. 10). Yet the discussion points up questions which are left untreated, e.g., the effectiveness of contraceptive methods, prediction of marital sex adjustments, and newer methods of treating venereal disease. The treatment of masturbation is brief and unrealistic. These omissions prevent the realization of this laudable objective.

*Lester A. Kirkendall  
Associate Professor of Family Life  
Oregon State College*

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*A Healthy Personality for Your Child*, by James L. Hymes, Jr., M.D.  
Washington, D. C., Children's Bureau, U. S. Government Printing  
Office, 1952. 23p. 15¢.

This 23-page illustrated pamphlet by Dr. Hymes, professor of education at George Peabody College for Teachers, Nashville, Tenn., is designed to aid parents in helping their children achieve emotional and social health.

It outlines in understandable fashion the various stages of personality development of a child from infancy through adolescence. It is illustrated with line-drawings and arresting headings.

Dr. Hymes clearly outlines the important steps through which all children go in establishing their own individuality. He stresses the parents' need for understanding, and the various problems arising in the child's struggle for independence and identity plus his need for recognition. He cites the common concerns of parents as they see the child emancipating himself from complete dependence in infancy and expressing his sense of values and his own identity in adolescence.

This booklet should be of value both to parents and educators since it is simply and practically written. It is crisp and to the point in a difficult field—personality development and the struggle of children for emancipation from parental over-control and over-concern.

*Josephine Abbott Sever, Public Relations Director  
Children's Medical Center, Boston*

## **Memo to Members**

The American Social Hygiene Association will hold its annual business meeting in New York City, March 6, 1953, in the Keystone Room of the Hotel Statler, 7th Avenue and 33rd Street. There will be two sessions:

3:30 p.m. Annual business meeting of members, with reports of committees, election of officers and presentation of the executive director's annual report.

5:00 p.m. First meeting of the members of the 1953 Board of Directors.

Members may submit suggestions and proposals regarding program, selection of officers and administration of the Association's affairs for referral to the appropriate standing committees and the Board of Directors for study and action.

**WINIFRED N. PRINCE, *Secretary***  
**American Social Hygiene Association**

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# AMERICAN SOCIAL HYGIENE ASSOCIATION

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## A Platform for Social Hygiene

- ★ For every child . . . education in personal and family living.
- ★ For high school students . . . preparation for satisfying, responsible maturity.
- ★ Guidance for all in the right use of sex . . . including training for marriage and parenthood.
- ★ Coordinated social hygiene services in every community.
- ★ Protection from VD for everybody . . . all over the world.
- ★ Wholesome communities . . . for servicemen, for you and me.
- ★ Workable laws against prostitution and VD . . . vigorously enforced.

ASHA is dedicated to this platform. We invite you to join with us in working toward these goals. They hold out to each individual the opportunity to develop his potentialities without exploitation and with full regard for the rights of others.

**THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
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